

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/06/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155330		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 01/10/2012	
NAME OF PROVIDER OR SUPPLIER SALEM CROSSING				STREET ADDRESS, CITY, STATE, ZIP CODE 200 CONNIE AVE SALEM, IN 47167			
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F0000	<p>This visit was for the Investigation of Complaint IN00101987 and Complaint IN00102083.</p> <p>Complaint IN00101987 Substantiated, no deficiencies related to the allegations are cited.</p> <p>Complaint IN00102083 Substantiated, Federal/State deficiencies related to the allegations are cited at F157, F309, F327 F431, F514.</p> <p>Unrelated deficiencies were cited.</p> <p>Survey dates: January 9 and 10, 2012</p> <p>Facility number: 000223 Provider number: 155330 AIM number: 100267680</p> <p>Survey team: Anne Marie Crays RN, TC Jennie Bartelt RN</p> <p>Census bed type: SNF/NF: 89 Total: 89</p> <p>Census payor type: Medicare: 9</p>			F0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>Medicaid: 57 Other: 23 Total: 89</p> <p>Sample: 6</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed 1/13/12 Cathy Emswiller RN</p>						

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F0157 SS=D	<p>A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on interview and record review, the facility failed to notify the physician or family of a resident's complaints of nausea, vomiting and decreased fluid intake, for 1 of 5 residents reviewed for physician notification, in a sample of 6. Resident D</p>	F0157	<p>Preparation and/or execution of this plan of correction in general, or this corrective action in particular, does not constitute an admission or agreement by this facility of the facts alleged or conclusion set forth in this statement of deficiencies. The plan of corrections and specific</p>		02/09/2012		

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	<p>Findings include:</p> <p>1. The closed clinical record of Resident D was reviewed on 1/9/12 at 1:30 P.M. The resident was admitted to the facility with diagnoses including, but not limited to, Acute vertebral fracture, Urinary tract infection, and Dementia.</p> <p>A Physical Therapy note, dated 11/10/11 and untimed, indicated, "Pt [patient] said she was feeling sick at her stomach. Pt said she was not able to preform [sic] amb [ambulation] or standing exercises. Reported pt's complaints to nursing."</p> <p>Nurses Notes included the following notations:</p> <p>11/10/11 at 10:00 P.M.: ...Alert to person [with] periods of confusion...Resident had [2] episodes of 'dry heaves' or vomiting [sic] clear/white phlegm. Refuses to eat or drink anything except for occasional sips of soft drink. C/O [complains of] stomach pain. BS [bowel sounds] barely audible but somewhat active x 4 quads...."</p> <p>11/11/11 at 12:35 A.M.: "...Refused fluids tonight...."</p> <p>11/11/11 at 2:00 P.M.: "...c/o nausea this day. Is drinking sprite eating saltines...."</p>		<p>corrective actions are prepared and/or executed in compliance with state and federal laws. F-157 Notify of Changes (injury/decline/room,etc)SS=D W hat corrective actions(s) will be accomplished for those residents found to have affected by the deficient practice? * Resident D has passed away. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken? * All resident's has the potential to be affected by the alleged deficient practice. * Licensed nurses were in-serviced on Change of condition/notification of Physician/family by the DNS/Designee no later than 1/31/2012. Post test included. * Non-compliance will result in further education including disciplinary action. * DNS/Designee is responsible to ensure compliance. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?* All licensed nurse were in-serviced on change of condition/notifications of Physician/family by the DNS/designee no later than 1/31/2012. Post test included.* Twenty-four hour report sheets, new orders and documentation will be reviewed daily to identify residents with a change in</p>				

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	<p>11/11/11 at 10:00 P.M.: "...Conts [continues] to sip on sprite and eat saltines which has been helpful for nausea...."</p> <p>11/12/11 at 6:30 P.M.: "Rsd [resident] lethargic...unable to bear weight @ this time...Family (nurse in family) request CXR [chest x-ray], will obtain UA [urinalysis] as well per [name of physician]."</p> <p>Documentation regarding physician or family notification of the resident's nausea was lacking in the clinical record.</p> <p>2. On 1/10/12 at 12:00 P.M., the Director of Nursing provided the current facility policy on "Resident Change of Condition," revised 3/10. The policy included: "It is the policy of this facility that all changes in resident condition will be communicated to the physician and family/responsible party, and that appropriate, timely, and effective intervention occurs...Acute Medical Change, a. Any sudden or serious change in a resident's condition manifested by a marked change in physical or mental behavior will be communicated to the physician with a request for physician visit promptly and/or acute care evaluation. The licensed nurse in charge</p>		<p>condition.* Residents identified will be further reviewed to ensure Physician/family notification was completed and timely.* Non-compliance will result in further education including disciplinary action.* DNS/designee responsible to ensure compliance. How the corrective action(s) will be monitored to ensure that deficient practice will not recur, i.e., what quality assurance program will be put into place?* The CQI audit tool for changed in condition will be utilized daily x 4 weeks, biweekly x 2 months, monthly x 3 months and quarterly thereafter for any resident identified from new orders, 24 hour report sheets, and documentation reviewed.* Findings from the CQI process will be reviewed monthly and an action plan will be implemented for threshold below 95%.</p>				

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	<p>will notify the physician...Routine Medical Change, a. All symptoms and unusual signs will be documented in the medical record and communicated to the attending physician promptly. Routine changes are a minor change in physical and mental behavior...The nurse in charge is responsible for notification of physician and family/responsible party prior to end of assigned shift when a significant change in the resident's condition is noted...."</p> <p>This federal tag relates to Complaint IN00102083.</p> <p>3.1-5(a)(1)</p>						

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F0282 SS=D	<p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>A. Based on observation, interview, and record review, the facility failed to ensure physician's orders were followed for 2 of 5 residents reviewed related to following physician's orders in a sample of 6. (Residents A and C)</p> <p>B. Based on observation and interview, the facility failed to ensure oxygen therapy was initiated by qualified staff for 1 of 1 resident reviewed related to oxygen therapy in a sample of 6. (Resident C)</p> <p>Findings include:</p> <p>A. 1. The clinical record for Resident C was reviewed on 1/9/12 at 12:05 p.m.</p> <p>A. Physician's Orders for January 2012 included, but were not limited to, "TED knee-hi [high] med/reg [medium/regular] Apply topically to bilateral lower extremities on in morning off daily at bedtime."</p> <p>During observation of personal care for Resident C on 1/9/12 at 10:40 a.m., CNA #5 and CNA #7 assisted Resident A to don pants and socks. The resident's right lower leg was observed to be swollen. During interview at this time, CNA #7</p>			F0282	<p>F-282. Services by qualified persons/per care plan. SS = DWhat corrective actions(s) will be accomplished for those residents found to have been affected by the deficient practice?* Resident C is wearing TED house and oxygen per order as well as receiving oxygen therapy per order. Resident C also had no negative outcome while O2 was being filled and fluid restriction is being monitored.* Resident A is wearing the edema glove per order and BM's monitored to ensure every 3 days. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken?* All residents have the potential to be affected by the alleged deficient practice. * Licensed Nursing staff has been in-serviced on following physicians orders/administering oxygen therapy by the DNS/designee no later than 1/31/2012. Post test completed. * C.N.A's has been in-serviced on accomodation of needs-i.e., - applying TED hose, edeman glove etc., fluid restrictions/blue form and filling and turning on oxygen by the DNS/Designee no later than 1/31/2012. Post test included. * All physicians order are reviewed</p>		02/09/2012

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	<p>indicated the resident's leg would swell since she had surgery on her leg. CNA #5 attempted to place Resident C's right shoe on her foot. During interview at this time, CNA # 5 indicated the shoe would not fit on the foot due to swelling, and placed slipper socks on the resident. No thromboembolytic deterrent (TED) hose were observed to be placed on the resident's legs.</p> <p>During observation in the physical therapy room on 1/9/12 at 1:45 p.m., Resident C was observed with leg weights on the lower legs. The Physical Therapist Assistant (PTA) was working with the resident. During interview at this time, the PTA indicated the resident was not wearing TED hose.</p> <p>On 1/10/11 at 10:10 a.m. the PTA was observed rolling Resident C in her wheel chair from the Activity Room into the TV Lounge. During interview at this time, the PTA indicated the resident was not wearing TED hose. The PTA indicated the resident had worn TEDs previously.</p> <p>During interview on 1/9/12 at 11:20 a.m., LPN #12 indicated the resident was supposed to be wearing TED hose. LPN #12 indicated the hose had been in the laundry, and were returned to her office. LPN #12 indicated the resident "has them</p>		<p>daily by the DNS/designee with follow-up using the CQI minutes tool to ensure physician orders are in place and being followed.* 100% audit of BM records conducted to identify any residents that have not had a BM every 3 days. * BM records are reviewed daily by the DNS/designee to ensure residents have gone no longer than 3 days without a BM. Appropriate steps will be taken if a resident is noted to not have a BM on day 3. * Residents on a fluid restriction will have a blue food and fluid consumption record to alert staff when a resident is on fluid restriction. The amount of restrictive fluids given will include dietary and nursing with a total amount of fluids consumed in a 24 hr period documented on same form. * A 100% audit completed to ensure c.n.a. assignment sheets and care plans to ensure appropriate interventions are included to reflect fluid restrictions, edema glove, TED hose etc.* Daily rounds will be completed daily by a licensed nurse to ensure residents are receiving O2 per Physicians order. * None-compliance with these practices will result in further education including disciplinary action. * Director of Nursing services/designee is responsible to ensure compliance. What measures will be put into place or what systemic changes will be</p>				

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	<p>on now."</p> <p>B. A Physician Telephone Order, dated 1/1/12, indicated, "Cleanse split behind right ear daily [symbol for with] NS [normal saline] pat dry apply TAO [triple antibiotic ointment] & guaze [sic] dly [daily] & PRN [as needed]. Keep oxyears on oxygen tubing at all times."</p> <p>During the personal care on 1/9/12 at 10:40 a.m., Resident C was observed to have a small dressing on the right ear. CNA #7 indicated the resident had a "place on her ear - probably from the oxygen tubing." No padding was observed on the tubing.</p> <p>On 1/10/12 at 10:10 a.m., Resident C was observed in her wheel chair in the TV lounge. No padding was observed on the oxygen tubing around the resident's ears. During interview at this time, the PTA indicated the resident had no padding on the oxygen tubing.</p> <p>During interview on 1/10/12 at 10:55 a.m., the ADON indicated oxyears are a soft padding for oxygen tubing. She indicated Resident C "now has oxyears on [the oxygen tubing]."</p> <p>C. Physician's Orders for January 2012 included, but were not limited to, "Fluid</p>		<p>made to ensure that the deficient practice does not recur? *</p> <p>Licensed Nursing staff has been in-serviced on following physicians orders/administering oxygen therapy by the DNS/designee no later than 1/31/2012. Post test included.*</p> <p>C.N.A's has been in-serviced on accomodation of needs-i.e.,-applying TED hose, edema glove etc., fluid restrictions/blue form and filling and turning on oxygen-by the DNS/Designee no later than 1/31/2012. Post test included. *</p> <p>All physician orders are reviewed daily by the DNS/Designee with follow-up using the CQI minutes tool to ensure physician orders are in place and being followed. * BM records are reviewed daily by the DNS/Designee to ensure residents have gone no longer than 3 days without a BM.</p> <p>Appropriate steps will be taken if a resident is noted to not have a BM on day 3. * Residents on a fluid restriction will have a blue food and fluid consumption record to alert staff when a residnet is on a fluid restriction. The amount of restrictive fluids will include dietary and nursing with a total amount of fluids consumed in a 24 hr period documented on same form. * Daily rounds will be completed by licensed nurse to ensure oxygen use is on per Physician. * Non-compliance</p>				

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	<p>restriction 1 liter/day."</p> <p>On 1/9/11 at 1:30 p.m., Resident C was observed being wheeled from the dining room. CNA #9 was observed to be removing dishes and glasses from Resident A's place at the table. During interview at this time, CNA #9 indicated three glasses of thickened liquids on the table at Resident A's place were for Resident A. CNA #5 was also in the dining room and indicated Resident A does not like her thickened liquids.</p> <p>The Food/Fluid Intake Record for January 2012 indicated the following fluid consumption in cubic centimeters during the first week of January 2012: 1/1/12: 1070; 1/2/11: 1200; 1/3/12: 1080; 1/4/12: 1070; 1/5/12: 580; 1/6/12: 720; 1/7/12: 720.</p> <p>The Medication Record for January 2012 indicated the following fluid consumption in cubic centimeters during the first week of January 2012: 1/1/12: 480; 1/2/12: 340 (no fluid consumption documentation on second shift); 1/3/12: 300; 1/4/12: 260; 1/5/12: 210; 1/6/12: 210 (no fluid consumption documentation on second shift); 1/7/12: 420.</p> <p>Total fluid intake for the dates indicated were: 1/1/12: 1550; 1/2/12: 1540; 1/3/12:</p>		<p>with these practices will result in further education including disciplinary action. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? * The CQI audit tools for bowel elimination and fluid restrictions will be utilized weekly x 4 weeks, bi-weekly x 2 months, monthly x 3 months and quarterly thereafter. * The CQI audit tool for oxygen therapy and accommodation of needs will be utilized weekly x 4, b-weekly x 2 months, monthly x 3 months and quarterly thereafter. * The CQI audit tool for c.n.a. assignment sheet will be utilized weekly x 4, bi-weekly x 2 months, monthly x 3 and quarterly thereafter.</p>				

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	<p>1380; 1/4/12: 1330; 1/5/12: 790; 1/6/12: 1040; and 1/7/12: 1140.</p> <p>During interview on 1/9/12 at 3:10 p.m., the DON indicated the CNAs documented fluid consumption on the Food/Fluid Intake Record, and nurses documented fluid consumption on the Medication Record.</p> <p>D. Physician's orders for January 2012 included, but were not limited to, "O2 [oxygen] at 2 LPM [liters per minute] cont [continuous] to keep sats > [greater than] 90%."</p> <p>On 1/9/12 at 1:45 p.m., Resident C was observed in the physical therapy room, seated in her wheel chair with leg weights on the lower legs. The Physical Therapist Assistant (PTA) was working with the resident to perform leg lifts. The resident had a nasal canula to the nose, and oxygen tubing led toward the back of the wheel chair. No portable oxygen tank was on the back of the resident's wheel chair. During interview at this time, the PTA indicated the portable oxygen tank had been taken for filling. The PTA obtained an oxygen saturation meter and applied it to the resident's finger. He indicated the oxygen level fluctuated but was at the 95-96% range.</p>						

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	<p>2. The clinical record for Resident A was reviewed on 1/9/12 at 2:00 p.m.</p> <p>A. Physician's orders for January 2012 included, but were not limited to, an order received 10/14/10, for "Patient to wear edema glove to left hand when up in wheelchair to decrease edema/increase range of motion in left hand."</p> <p>On 1/10/12 at 10:05 a.m., Resident A was observed seated in her room in her high-backed wheelchair. The resident's left hand was observed to be swollen, and no edema glove was on the hand.</p> <p>On 1/10/12 at 11:35 a.m., Resident A was observed seated in her high-backed wheelchair in the hall near the nurse's station. No edema glove was on the left hand, and the hand was swollen.</p> <p>On 1/10/12 at 1:40 p.m. Resident A was observed during toileting with the assistance of CNA #9 and CNA #11. The resident's left hand was on a pillow before she was transferred from chair to toilet. The left hand was swollen, and no edema glove was in place. The resident's left arm fell limply to her side as the CNAs positioned her for transfer. During interview at this time, CNA #9 indicated the resident does not refuse to wear the edema glove. She indicated she thought</p>						

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	<p>the glove was not available, because the daughter takes it home sometimes for washing.</p> <p>B. Physician's orders for January 2010 included, but were not limited to, an order originally dated 7/20/10, for "Milk of Magn [magnesia] sus [suspension], give 30 ml as needed for no bowel movement in 3 days."</p> <p>The ADL (Activities of Daily Living) Record indicated the resident had a large bowel movement on day shift on 1/4/12. No further bowel movement was indicated on any shift through day shift on 1/9/12.</p> <p>The Medication Record indicated the resident had a large bowel movement on the 6:00 a.m. to 2:00 p.m. shift on 1/3/11.</p> <p>No further bowel movements were indicated on the ADL Record or Medication Record through the time of record review, from 1/4/12 through 1/9/12 at 2:00 p.m., a period of five days.</p> <p>The Medication Record failed to indicate the resident received the ordered Milk of Magnesia.</p> <p>Documentation in Nurse's Notes failed to indicate the resident had a bowel</p>						

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	<p>movement or received the ordered Milk of Magnesia.</p> <p>During interview on 1/10/12 at 2:10 p.m., the Director of Nursing (DON) indicated the resident had a large bowel movement on evening shift on 1/9/12, and showed the ADL Record for the shift. The DON indicated the record did not have other information about bowel between movements between 1/4 and 1/9/12. She indicated she thought the resident must have received a laxative, since the resident had a large bowel movement on 1/9/12. The DON indicated administration of a laxative was not indicated in the record.</p> <p>B. During observation of personal care for Resident C on 1/9/12 at 10:40 a.m., CNA #5 and CNA #7 assisted Resident A to transfer from bed to wheel chair. The resident was wearing oxygen tubing connected to the oxygen concentrator set at 2. The tubing was switched to a portable oxygen tank hanging at the back of the resident's wheel chair, and CNA #7 turned the dial setting on the portable oxygen tank to "2." CNA #5 was overheard to say, "There's a little still in it" in regard to the tank. During interview at this time, CNA #5 indicated they would set the dial on the portable tank based on the setting on the concentrator or as</p>						

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	<p>indicated on the CNA Assignment Sheet. CNA #5 indicated if they "don't know [the correct setting], we go ask."</p> <p>Review of the CNA Assignment Sheet provided by the ADON during the Initial Tour of the facility on 1/9/12 at 10:30 a.m., indicated no instruction related to Resident C's oxygen. During interview on 1/10/12 at 11:30 a.m., the Director of Nursing indicated the facility did not have a policy related to provision of oxygen therapy. She indicated she thought the CNA could not change settings for the oxygen flow rate, but that the CNA would be allowed to set the dial of the portable tank to the appropriate setting.</p> <p>3.1-35(g)(2)</p>						

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F0309 SS=D	<p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on observation, record review, and interview, the facility failed to ensure care was planned and implemented related to low blood sodium levels for 1 of 2 residents reviewed related to blood sodium levels (Resident C) and care related to edema of the extremities for 2 of 2 residents reviewed related to edema in a sample of 6. (Residents A and C) The facility also failed to ensure management of the bowel regimen for 1 of 5 residents reviewed related to bowel management in a sample of 6. (Resident C)</p> <p>Findings include:</p> <p>1. A. During observation of personal care for Resident C on 1/9/12 at 10:40 a.m., CNA #5 and CNA #7 assisted Resident A to don pants and socks. The resident's right lower leg was observed to be swollen. During interview at this time, CNA #7 indicated the resident's leg would swell since she had surgery on her leg. CNA #5 attempted to place Resident C's right shoe on her foot. During interview at this time, CNA # 5 indicated the shoe</p>		F0309	<p>F-309 Provide care/service for Highest well being. SS = DWhat corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? * Resident C is wearing TED hose per order. * Residents C's care plan and c.n.a. assignment sheets has been updated to include current plan of care relating to fluid restriction. * Resident A is wearing the edema glove per order and BM's are monitored to ensure at least every 3 days. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken?* All residents have the potential to be affected by the alleged deficient practice.* Licensed Nursing staff has been in-serviced on following physicians orders by the DNS/Designee no later 1/31/2012. Post test included. * C.N.A., assignment sheets and care plans have been updated to ensure all interventions are in place. * All physician orders are reviewed daily by the DNS/designee. Physician orders are in place and are being followed. * BM records are</p>		02/09/2012	

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	<p>would not fit on the foot due to swelling, and placed slipper socks on the resident. No thromboembolytic deterrent (TED) hose were observed to be placed on the resident's legs.</p> <p>During observation in the physical therapy room on 1/9/12 at 1:45 p.m., Resident C was observed with leg weights on the lower legs. The Physical Therapist Assistant (PTA) was working with the resident. During interview at this time, the PTA indicated the resident was not wearing TED hose.</p> <p>During observation of the Resident C on 1/10/11 at 10:10 a.m. the PTA was observed rolling Resident C in her wheel chair from the Activity Room into the TV Lounge. During interview at this time, the PTA indicated the resident was not wearing TED hose. The PTA indicated the resident had worn TEDs previously.</p> <p>Review of the CNA Assignment Sheet provided by the ADON during the Initial Tour of the facility on 1/9/12 at 10:30 a.m., indicated no instruction related to Resident C's TED hose.</p> <p>The clinical record for Resident C was reviewed on 1/9/12 at 12:05 p.m.</p> <p>Nurse's Notes for 11/30/11 at 4:30 p.m.</p>		<p>reviewed daily by the DNS/Designee to ensure residents have gone no longer than 3 days without a BM. Appropriate steps will be taken if a resident is noted to not have a BM on day 3. * Residents on a fluid restriction will have a blue food and fluid consumption record to alert staff when a resident is on a fluid restriction. The amount of restrictive fluids will be between dietary and nursing with a total amount of fluids consumed in a 24 hr period documented on same form. * Non-compliance with these practices will result in further education including disciplinary action. * Director of Nursing services/designee is responsible to ensure compliance. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?* Licensed Nursing staff has been in-serviced on following physicians orders by the DNS/designee no later than 1/31/2012. Post test included. * All physicians orders are reviewed daily by the DNS/designee with follow up using the CQI minutes tool to ensure physician orders are in place and being followed. * BM records are reviewed daily by the DNS/designee to ensure residents have gone no longer than 3 days without a BM. Appropriate steps will be taken if</p>				

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	<p>indicated an order was received for the resident's transfer to the emergency room.</p> <p>The "Clinical Impression" on the "Emergency Physician Record," dated 11/30/11, indicated, "...Edema [R with circle around - right] leg." "Physician's Orders" included, but were not limited to, "TED hose both legs during daytime 0700 - 1900 [7:00 a.m. to 7:00 p.m.]"</p> <p>Physician's Orders for January 2012 included, but were not limited to, "TED knee-hi [high] med/reg [medium/regular] Apply topically to bilateral lower extremities on in morning off daily at bedtime."</p> <p>During interview on 1/9/12 at 11:20 a.m., LPN #12 indicated the resident was supposed to be wearing TED hose. LPN #12 indicated the hose had been in the laundry, and were returned to her office. LPN #12 indicated the resident "has them on now."</p> <p>B. During personal care for Resident C on 1/9/12 at 10:40 a.m., Resident C was observed to have no fluids at the bedside. CNA #5 indicated the resident received pudding thick liquids and received the fluids from the hydration cart. She also indicated if the resident requested fluids, pudding thick fluids were in the</p>			<p>a resident is noted to not have a BM on day 3. * Residents on a fluid restriction will have a blue food and fluid consumption record to alert staff when a resident is on a fluid restriction. The amount of restrictive fluids will be between dietary and nursing with a total amount of fluids consumed in a 24 hr period documented on same form.* None-compliance with these practices will result in further education including disciplinary action. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?* The CQI audit tools for bowel elimination, accommodation of needs and fluid restrictions will be utilized weekly x 4 weeks, bi-weekly x 2 months, monthly x 2 and quarterly thereafter.* Findings from the CQI process will be reviewed monthly and an action plan will be implemented for threshold below 95%.</p>			

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	<p>refrigerator and could be obtained for the resident.</p> <p>On 1/9/11 at 1:30 p.m., Resident C was observed being wheeled from the dining room. CNA #9 was observed to be removing dishes and glasses from Resident A's place at the table. During interview at this time, CNA #9 indicated three glasses of thickened liquids on the table at Resident A's place were for Resident A. CNA #5 was also in the dining room and indicated Resident A does not like her thickened liquids.</p> <p>The "Clinical Impression" on the "Emergency Physician Record," dated 11/30/11, indicated, "Hyponatremia [low sodium]...." with a blood sodium level of 122. "Physician's Orders" included, but were not limited to, "Fluid restriction 1 liter per day" and "BMP [Basic Metabolic Profile including sodium level] 12/1/11."</p> <p>Results of the BMP, dated 12/1/11, indicated a sodium level of "125 (L) [low]" with the reference range of 137 to 145.</p> <p>Physician's Orders for December 2011 and January 2012 included, but were not limited to, "Fluid restriction 1 liter/day."</p> <p>The Care Plan with problem date of</p>						

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	<p>11/17/11 indicated, "At risk for fluid imbalance...." Interventions on the plan failed to indicate the plan was updated related to the fluid restriction. Documentation failed to indicate the Care Plan was updated with interventions related to the fluid restriction.</p> <p>Review of the CNA Assignment Sheet provided by the ADON during the Initial Tour of the facility on 1/9/12 at 10:30 a.m., indicated no instruction related to Resident C's fluid restriction.</p> <p>During interview on 1/10/12 at 10:55 a.m., the Assistant Director of Nursing (ADON) indicated the fluids the resident should receive would be indicated on her dietary meal card for fluids received with meals and on the Medication Record for fluids provided by nursing.</p> <p>The Dietary Manager provided Resident C's dietary meal card on 1/10/12 at 11:05 a.m. Review of the card at this time indicated the resident had a 1000 cc fluid restriction with pudding thick liquids. The meal card indicated no specific amounts of fluids to be provided at each meal. During interview on 1/10/12 at 11:55 a.m., the Dietary Manager indicated the resident was to received 180 cc of fluid (one glass) with each meal and 180 cc of fluid between meals.</p>						

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	<p>Dietary notes failed to indicate information related to the resident's fluid restriction.</p> <p>The Food/Fluid Intake Record for January 2012 indicated the following fluid consumption in cubic centimeters during the first week of January 2012: 1/1/12: 1070; 1/2/12: 1200; 1/3/12: 1080; 1/4/12: 1070; 1/5/12: 580; 1/6/12: 720; 1/7/12: 720.</p> <p>The Medication Record for January 2012 indicated the following fluid consumption in cubic centimeters during the first week of January 2012: 1/1/12: 480; 1/2/12: 340 (no fluid consumption documentation on second shift); 1/3/12: 300; 1/4/12: 260; 1/5/12: 210; 1/6/12: 210 (no fluid consumption documentation on second shift); 1/7/12: 420.</p> <p>Total fluid intake for the dates indicated were: 1/1/12: 1550; 1/2/12: 1540; 1/3/12: 1380; 1/4/12: 1330; 1/5/12: 790; 1/6/12: 1040; and 1/7/12: 1140.</p> <p>During interview on 1/10/12 at 2:50 p.m., the Director of Nursing (DON) provided a revised Care Plan for the problem of "At risk for fluid imbalance...." During interview at this time, the DON indicated the plan had now been revised to indicate</p>						

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	<p>the amount of fluids to be supplied by dietary and the amount of fluids to be supplied by nursing during medication pass to indicate a total of 1000 cc.</p> <p>During interview on 1/9/12 at 3:10 p.m., the DON indicated the CNAs documented fluid consumption on the Food/Fluid Intake Record, and nurses document fluid consumption on the Medication Record.</p> <p>2. A. The clinical record for Resident A was reviewed on 1/9/12 at 2:00 p.m.</p> <p>Physician's orders for January 2012 included, but were not limited to, an order received 10/14/10, for "Patient to wear edema glove to left hand when up in wheelchair to decrease edema/increase range of motion in left hand."</p> <p>On 1/10/12 at 10:05 a.m., Resident A was observed seated in her room in her high-backed wheelchair. The resident's eyes were closed and head nodded forward onto her chest. The resident's left hand was visible, and no edema glove was on the left hand. The left hand was swollen.</p> <p>On 1/10/12 at 11:35 a.m., Resident A was observed seated in her high-backed wheelchair in the hall near the nurse's station. No edema glove was on the left</p>						

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	<p>hand. The left hand was swollen.</p> <p>On 1/10/12 at 1:40 p.m. Resident A was observed during toileting with the assistance of CNA #9 and CNA #11. The resident's left hand was on a pillow before she was transferred from chair to toilet. The left hand was swollen, and no edema glove was in place. The resident's left arm fell limply to her side as the CNAs positioned her for transfer. During interview at this time, CNA #9 indicated the resident does not refuse to wear the edema glove. She indicated she thought the glove was not available, because the daughter takes it home sometimes for washing.</p> <p>B. Physician's orders for January 2012 included, but were not limited to, an order originally dated 7/20/10, for "Milk of Magn [magnesia] sus [suspension], give 30 ml as needed for no bowel movement in 3 days." Physician's orders for January 2012 also included orders for Miralax and Docusate Sodium for constipation.</p> <p>The ADL (Activities of Daily Living) Record indicated the resident had a large bowel movement on day shift on 1/4/12. No further bowel movement was indicated on any shift through day shift on 1/9/12.</p>						

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	<p>The Medication Record indicated the resident had a large bowel movement on the 6:00 a.m. to 2:00 p.m. shift on 1/3/12. No documentation on the</p> <p>No further bowel movements were indicated on the ADL Record or Medication Record through the time of record review, from 1/4/12 through 1/9/12 at 2:00 p.m., a period of five days.</p> <p>The Medication Record failed to indicate the resident received the ordered Milk of Magnesia.</p> <p>Documentation in Nurse's Notes failed to indicate the resident had a bowel movement or received the ordered Milk of Magnesia or had been assessed related to the bowel.</p> <p>During interview on 1/10/12 at 2:10 p.m., the Director of Nursing (DON) indicated the resident had a large bowel movement on evening shift on 1/9/12, and showed the ADL Record for the shift indicating this. The DON indicated the record did not have other information about the bowel between 1/4 and 1/9/12. She indicated she thought the resident must have received a laxative, since the resident had a large bowel movement on 1/9/12. The DON indicated administration of a laxative was not</p>						

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	<p>indicated in the record.</p> <p>On 1/10/12 at 12:30 p.m., the DON provided a policy for Bowel Elimination. Review of the policy indicated, "...8. Any resident not having a bowel movement for 3 consecutive days, will be given a laxative or stool softener, as prescribed by the physician, at the end of the 3rd day....10. If by the 4th afternoon, the resident(s) has not had results, the nurse will do an abdominal assessment, chart the results of the assessment, and notify the physician for further orders."</p> <p>This federal tag relates to Complaint IN00102083.</p> <p>3.1-37(a)</p>						

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F0327 SS=G	<p>The facility must provide each resident with sufficient fluid intake to maintain proper hydration and health.</p> <p>Based on interview and record review, the facility failed to ensure a resident received adequate fluid intake, resulting in hospitalization for dehydration, in 1 of 4 residents reviewed for hydration status, in a sample of 6. Resident D</p> <p>Findings include:</p> <p>1. The closed clinical record of Resident D was reviewed on 1/9/12 at 1:30 P.M. The resident was admitted to the facility on 11/6/11 with diagnoses including, but not limited to, Acute vertebral fracture, Urinary tract infection with septicemia, and Dementia.</p> <p>A Nursing Admission Assessment, dated 11/6/11, indicated the resident was not oriented to time or place. The resident's height and weight were left blank.</p> <p>A Hydration Assessment, dated 11/7/11, indicated, "Score of 10 or greater will necessitate supervision and oversight of the resident to ensure hydration needs are met." The resident's total score was 12.</p> <p>A Dietary Progress Note, dated 11/7/11, indicated, "Resident admitted on 11-6-11 to [room number] on a Reg [regular] diet.</p>	F0327	<p>F-327 Sufficient fluid to maintain hydration. SS = GWhat corrective actions(s) will be accomplished for those residents found to have been affected by the deficient practice?* Resident D has passed away.How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions(s) will be taken?* All residents have the potential to be affected by the alleged deficient practice.* Licensed Nursing staff has been in-serviced on th hydration policy/procedure, assessment and the 3 day intake record by the DNS/designee no later than 1/31/2012. Post test included.* C.N.A., have been in-serviced on fluid restrictions/blue form by the DNS/designee no later than 1/31/2012. Post test included.* All residents have been assessed for hydration needs with care plan and c.n.a. assignment sheets udated.* Non-compliance with these practices will result in further education including disciplinary action. * Director of Nursing Services/Designee is responsible to ensure compliance.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?* Licensed Nursing staff has been in-serviced on</p>		02/09/2012		

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	<p>Likes and dislikes to be assessed. RD [registered dietician] to follow."</p> <p>A Nutrition Risk Assessment, undated, indicated, "...Assessment Type New Admit...Diagnosis...UTI [urinary tract infection] [with] septicemia...Dementia...Height (in) 62, Weight (lb) [left blank]...Total Fluids [left blank]...Diet Order Reg...." The remainder of the assessment, including "Oral/Nutrition Intake-Fluid," "Physical and mental functioning," and "Lab Values," was blank. The reverse of the assessment indicated, "...Estimating Fluid Needs, Minimum fluid requirement is 1500cc daily...."</p> <p>A Resident Care Plan, dated 11/7/11, indicated: "Problem/Need/Concern, Diet-Reg...Interventions, Record meal % q [every] meal and report changes in appetite. Provide 1500 to 1800 cc fluid with meals every day. Other fluids with med [medication] pass, snacks, hydration pass, and at bedside."</p> <p>The resident's food/fluid intake record, dated November 2011, was reviewed. The record indicated the resident received the following fluids: 11/7/11: 840 cc, 11/8/11: 945 cc, 11/9/11: 1400 cc, 11/10: 660 cc, 11/11: 540 cc, 11/12: 570 cc.</p>		<p>hydration policy/procedure, assessment and 3 day intake by the DNS/Designee no later than 1/31/2012. Post test included. * C.N.A., have been in-serviced on fluid restrictions/blue form by the DNS/Designee no later than 1/31/2012. Post test included. * Non-compliance with these practices will result in further education including disciplinary action. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?* Food and fluid consumption sheets will be monitored daily. * The CQI audit tools for hydration will be utilized weekly x 4 week's, bi-weekly x 2 months, monthly x 3 months and quarterly thereafter for those residents. * Findings from the CQI process will be reviewed monthly and an action plan will be implemented for any deficient practice.</p>				

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	<p>Nurses Notes included the following notations:</p> <p>11/7/11 at 11:45 A.M.: "Alert to self only. Has confusion [and] forgetfulness QD [every day]...."</p> <p>11/7/11 at 10:00 P.M.: "Alert to self [with] confusion and forgetfulness noted...Requires [one] assist for ADL's [activities of daily living] and transfers. Feeds self [with] set-up assist. Appetite and fluid intake fair...."</p> <p>11/8/11 at 12:35 P.M.: "Alert to self...Feeds self [with] set-up. Appetite [and] fluid intake fair...."</p> <p>11/8/11 at 10:00 P.M.: "Feeds self [with] set-up assist. Appetite [and] fluid intake adequate...."</p> <p>11/10/11 at 10:00 P.M.: "...Alert to person [with] periods of confusion...Resident had [two] episodes of 'dry heaves' or vomitting [sic] clear/white phlegm. Refuses to eat or drink anything except for occasional sips of soft drink. C/O [complaints of] stomach pain...."</p> <p>11/11/11 at 12:35 A.M.: "Alert to person [with] periods of confusion noted...Refused fluids tonight...Temp 99."</p>						

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	<p>11/11/11 at 2:00 P.M.: "...Feeds self [with] set-up. C/O nausea this day. Is drinking sprite eating saltines...."</p> <p>11/11/11 at 10:00 P.M.: "...Conts [continues] to sip on sprite and eat saltines...."</p> <p>11/12/11 at 11:00 A.M.: "[Alert and oriented] periods of confusion...Appetite [and] fluid intake fair...."</p> <p>11/12/11 at 6:30 P.M.: "Rsd [resident] lethargic...unable to bear weight @ this time. T [temperature] 99.6...Family (nurse in family) request CXR [chest x-ray]. Will obtain UA [urinalysis] as well per [name of physician]."</p> <p>11/12/11 at 7:20 P.M.: "[Family member] here. Wants his mother sent to [name of hospital]...."</p> <p>11/12/11 at 8:10 P.M.: "EMS [emergency medical services] here. Rsd loaded on cart [and] taken to [name of hospital]."</p> <p>A hospital emergency room record, dated 11/12/11 at 9:40 P.M., indicated, "...Physical Exam...Skin: poor skin turgor [indicative of dehydration]...Impression: 1. Acute Renal Failure/Dehydration...."</p> <p>Laboratory results, dated 11/12/11 at</p>						

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	<p>10:10 P.M., indicated, "Sodium 134 L[low]...BUN 64 H [high], Creatinine 2.9 H [high]...."</p> <p>On 1/10/12 at 11:15 A.M., during interview with the Director of Nursing [DON], she assisted in deciphering some of the notations on the fluid intake record. The DON indicated the resident was not at the facility very long, and she did not remember much about the resident.</p> <p>On 1/10/12 at 12:15 P.M., during interview with the Dietary Manager [DM], she indicated the resident "was not here long enough" to have been seen by the Registered Dietician, and that is why the nutrition assessment form was not completed. The DM indicated "nursing would document the resident's weight." Upon search through the records, the DM discovered the resident's weight was documented on a vital sign sheet, and was 121.2 pounds upon admission.</p> <p>2. On 1/10/12 at 3/10, the Director of Nursing provided the current facility policy on "Hydration Management," revised 3/10. The policy included: "...New admissions scoring 10 or more on the Hydration Assessment will be placed on Intake monitoring for 3 days. 4. The Dietary Services Manager with assistance of the Registered Dietician will determine</p>						

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	<p>daily fluid requirements for each resident.</p> <p>5. The Dietary Services Manager with assistance of the Registered Dietician will determine likes and dislikes including usual amount of fluid intake for each resident. 6. A comprehensive care plan will be written after completion of the Hydration Assessment and 3 day intake record with specific resident needs and preferences. 7. Fluid intake will be planned to include at least 480 ml/meal for each resident...."</p> <p>This federal tag relates to Complaint IN00102083.</p> <p>3.1-46(b)</p>						

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F0328 SS=D	<p>The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses.</p> <p>Based on observations, interview, and record review, the facility failed to ensure oxygen therapy was initiated by licensed staff and oxygen was provided as ordered for 1 of 1 resident reviewed related to continuous oxygen administration in a sample of 6. (Resident C)</p> <p>Findings include:</p> <p>During observation of personal care for Resident C on 1/9/12 at 10:40 a.m., CNA #5 and CNA #7 assisted Resident A to transfer from bed to wheel chair. The resident was wearing oxygen tubing connected to the oxygen concentrator set at 2. The tubing was switched to a portable oxygen tank hanging at the back of the resident's wheel chair, and CNA #7 turned the dial setting on the portable oxygen tank to "2." CNA #5 was overheard to say, "There's a little still in it" in regard to the tank. During interview at this time, CNA #5 indicated they would set the dial on the portable tank based on</p>		F0328	<p>F-328 Treatment/care for special needs.What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?* Resident C is receiving oxygen therapy per order. Resident C also had no negative outcome while O2 was being filled.How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken?* All residents have the potential to be affected by the alleged deficient practice. * Nursing staff has been in-serviced on following Physicians orders and administering oxygen therapy by the DNS/Designee no later than 1/31/2012. Post test included. * C.N.A.'s has been in-serviced on filling and turning on oxygen by the DNS/Designee no later than 1/31/2012. Post test included.* Daily rounds will be completed by a licensed nurse to ensure residents are receiving oxygen per Physicians orders.* Non-compliance with these</p>		02/09/2012	

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	<p>the setting on the concentrator or as indicated on the CNA Assignment Sheet. CNA #5 indicated if they "don't know [the correct setting], we go ask."</p> <p>Review of the CNA Assignment Sheet provided by the ADON during the Initial Tour of the facility on 1/9/12 at 10:30 a.m., indicated no instruction related to Resident C's oxygen.</p> <p>On 1/9/12 at 1:45 p.m., Resident C was observed in the physical therapy room, seated in her wheel chair with leg weights on the lower legs. The Physical Therapist Assistant (PTA) was working with the resident to perform leg lifts. The resident had a nasal canula to the nose, and oxygen tubing led toward the back of the wheel chair. No portable oxygen tank was on the back of the resident's wheel chair. During interview at this time, the PTA indicated the portable oxygen tank had been taken for filling. The PTA obtained an oxygen saturation meter and applied it to the resident's finger. He indicated the oxygen level fluctuated but was at the 95-96% range.</p> <p>The clinical record for Resident C was reviewed on 1/9/12 at 12:05 p.m.</p> <p>Physician's orders for January 2012 included, but were not limited to, "O2</p>		<p>practices will result in further education including disciplinary action. * Director of nursing services/designee is responsible to ensure compliance. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? * Licensed Nursing staff has been in-serviced on following physicians orders/administering oxygen therapy by the DNS/Designee no later than 1/31/2012. Post test included. C.N.A., has been in-serviced on filling and turning on oxygen by the DNS/designee no later than 1/31/2012. * Daily rounds will be completed by a licensed nurse to ensure residents are receiving oxygen per Physicians orders.* All physician orders are reviewed daily by the DNS/designee with follow-up using the CQI minutes tool to ensure physician orders are in place and being followed. * Non-compliance with these practices will result in further education including disciplinary action. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?* The CQI audit tool for oxygen therapy will be utilized weekly x 4, bi-weekly x 2 months, monthly x 3 and quarterly thereafter. * Findings from the CQI process will be reviewed</p>				

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	<p>[oxygen] at 2 LPM [liters per minute] cont [continuous] to keep sats > [greater than] 90%."</p> <p>During interview on 1/10/12 at 11:30 a.m., the Director of Nursing indicated the facility did not have a policy related to provision of oxygen therapy. She indicated she thought the CNA could not change settings for the oxygen flow rate, but that the CNA would be allowed to set the dial of the portable tank to the appropriate setting.</p> <p>3.1-47(a)(6)</p>				<p>monthly and an action plan will be implemented for thresholds below 95%.</p>		

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F0431 SS=D	<p>The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p>	F0431	<p>F-431. Drug records, label/store drugs & biologicals. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?* Resident D has passed away. How other residents having the potential to</p>		02/09/2012		

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	<p>Based on interview and observation, the facility failed to ensure a controlled medication log was accounted for, for 1 of 1 residents reviewed for controlled medication monitoring, in a sample of 6. Resident D</p> <p>Findings include:</p> <p>1. The closed record of Resident D was reviewed on 1/10/12 at 1:30 P.M.</p> <p>A Physician's order, dated 11/7/11, indicated, "Lortab [a narcotic pain medication] 7.5/500 [one]...Q[every] 6 hrs PRN [as needed] pain."</p> <p>Nurses Notes included the following notations:</p> <p>11/7/11 at 1:10 A.M.: "...c/o [complains of] back pain was given Lortab 7.5-500 from EK [emergency kit] box. Will continue to monitor."</p> <p>11/7/11 at 10:00 P.M.: "...PRN Lortab given for back pain [secondary to] surgery..."</p> <p>11/8/11 at 12:35 P.M.: "...c/o back pain PRN pain meds given...."</p> <p>11/9/11 at 2:00 P.M.: "...c/o of [sic] back pain. PRN Lortab given...."</p>		<p>be affected by the same deficient practice will be identified and what corrective action(s) will be taken? * All residents have the potential to be affected by the alleged deficient practice.* Licensed Nursing staff has been in-serviced on the policy/procedure for administering a controlled substance by the DNS/designee no later than 1/31/2012. Post test included. * Chart audit was completed for all resident with control logs to ensure in place. *</p> <p>Non-compliance with these practices will result in further education including disciplinary action. Director of Nursing services/designee is responsible to ensure compliance. What measure will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?*</p> <p>Licensed Nursing Staff has been in-serviced on the policy/procedure for administering a controlled substance by the DNS/Designee no later than 1/31/2012. Post test included. * Chart audit was completed for all residents with control logs to ensure in place.* Unit Manager/designee will review MARs/control log daily to ensure controlled medications are documented appropriately. *</p> <p>Non-compliance with these practices will result in further education including disciplinary action. How the corrective</p>				

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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	<p>A Medication Administration Record [MAR], dated November 2011, indicated the resident received Lortab on 11/9/11 at 8:00 A.M. and 5:00 P.M.</p> <p>A control log regarding the administration of Lortab was lacking in the clinical record.</p> <p>On 1/10/12 at 12:00 P.M., during interview with the Director of Nursing, she indicated the control log for the Lortab should have been kept with the clinical record. The DON indicated she looked in the file and in stacks of papers and was unable to locate it.</p> <p>2. On 1/10/12 at 12:30 P.M., the Director of Nursing [DON] provided the current facility policy on "Controlled Medications," dated 7/11. The policy included: "...A control log will accompany the controlled medications. Each time a controlled medication is administered by the nurse, the nurse will sign the medication out on the control log. Federal and state laws require that each controlled medication is accounted for. The control log is a part of the resident's permanent clinical record...."</p> <p>This federal tag relates to Complaint IN00102083.</p>		<p>action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?* The CQI audit tool for unnecessary medications will be utilized weekly x 4 weeks, bi-weekly x 2 months and monthly x 3 and quarterly thereafter.* Findings from the CQI process will be reviewed monthly and an action plan will be implemented for any deficient practice below threshold of 95%.</p>				

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	3.1-25(m)						

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F0514 SS=D	<p>The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>Based on interview and record review, the facility failed to ensure documentation was complete regarding the administration of pain medication, for 1 of 6 residents reviewed for clinical documentation, in a sample of 6. Resident D</p> <p>Findings include:</p> <p>1. The closed record of Resident D was reviewed on 1/10/12 at 1:30 P.M.</p> <p>A Physician's order, dated 11/7/11, indicated, "Lortab [a narcotic pain medication] 7.5/500 [one]...Q[every] 6 hrs PRN [as needed] pain."</p> <p>Nurses Notes included the following</p>		F0514	<p>F-514 Records-complete/accurate/acces- sible.SS=D What corrective actions(s) will be accomplished for those residents found to have been affected by the deficient practice. * Resident D has passed away.How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken?* All residents have the potential to be affected by the alleged deficient practice.* Licensed Nursing Staff has been in-serviced on policy/procedure for administering a pain medication by the DNS/designee no later than 1/31/2012. Post test included. *Unit Managers/designee will review MARs daily to ensure pain medications are documented appropriately.* Non-compliance with these practices will result in further education including disciplinary action.* Director of Nursing Services/Designee is responsible to ensure</p>		02/09/2012	

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	<p>notations:</p> <p>11/7/11 at 1:10 A.M.: "...c/o [complains of] back pain was given Lortab 7.5-500 from EK [emergency kit] box. Will continue to monitor."</p> <p>11/7/11 at 10:00 P.M.: "...PRN Lortab given for back pain [secondary to] surgery..."</p> <p>11/8/11 at 12:35 P.M.: "...c/o back pain PRN pain meds given...."</p> <p>11/9/11 at 2:00 P.M.: "...c/o of [sic] back pain. PRN Lortab given...."</p> <p>A Medication Administration Record [MAR], dated November 2011, indicated the resident received Lortab on 11/9/11 at 8:00 A.M. and 5:00 P.M. The back side of the MAR, which included spaces to write the "Reason" and the "Results/Response" were blank.</p> <p>On 1/10/12 at 12:30 P.M., during interview with the Director of Nursing and the Administrator, the Administrator indicated it was standard nursing practice for nursing staff to document the administration and reason for PRN medication.</p> <p>2. On 1/10/12 at 2:00 P.M., the</p>		<p>compliance. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? * Licensed Nursing staff has been in-serviced on policy/procedure for administering a pain medication by the DNS/designee no later than 1/31/2012. Post test included. * Unit Managers/designee will review MARs daily to ensure pain medications are documented appropriately. * Non-compliance with these practices will result in further education including disciplinary action. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? * The CQI audit tool for unnecessary medications will be utilized weekly x 4 weeks, bi-weekly x 2 months, monthly x 3 and quarterly thereafter. * Findings from the CQI process be reviewed monthly and an action plan will be implemented for any deficient practice below the 95% threshold.</p>				

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	<p>Administrator provided the current facility policy on "Pain Management," revised 3/10. The policy included: "...Documentation of administration of ordered PRN [as needed] pain medication will be initialed on the front of the Medication Administration Record (MAR). Additional information including, but not limited to reasons for administration, interventions, and effectiveness of pain medication will be documented on the back of the Medication Administration (MAR), or on the facility specific pain management flow sheet...."</p> <p>This federal tag relates to Complaint IN00102083.</p> <p>3.1-50(a)(1)</p>						

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